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ABSTRACT

The report--half of which consists of appendixes--describes a pilot project in London, Ontario (Canada) designed to examine the issues involved in including constant communication and cooperation between classroom teachers (CTs) and learning resource teachers (LRTs) as part of the remedial process for students with learning problems. A series of seven intervention steps developed for each LRT to structure the remedial process to ensure involvement of the CT are outlined. Findings are discussed in terms of LRT/CT agreement about the student's problem and negotiation of the intervention plan, communication with the student, monitoring the program, and followup. Several problems encountered by the LRTs during the intervention procedure are examined. Various forms are appended. (DLS)

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WHOSE PROBLEM IS IT? YOURS, MINE OR OURS
AN EXERCISE IN SHARED RESPONSIBILITY

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Educational Research Services
London Board of Education

Research Report 79-10

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Providing assistance to children with learning problems has always been an important objective of the London Board of Education. Up to 1975, special help to children having academic difficulty was provided primarily by itinerant remedial reading teachers. Although this method of service delivery had many merits, it had a number of limitations, the most obvious being that the remedial reading teacher was able to be in any one school only for short periods of time. As a result, it was difficult to integrate remedial instruction with what was happening in the classroom. In addition, many classroom teachers adopted the view that, once the child had been identified as having difficulty and had been referred for help, responsibility for the child's progress was transferred to the remedial reading teacher.

Part of the philosophy of the Learning Resource System is that, by having a Learning Resource Teacher (LRT) resident in one or two schools, communication and co-operation can be established between the LRT and the classroom teacher (CT) to allow joint planning of program and shared responsibility for a child's progress. Within this framework, the LRT serves primarily as a consultant and resource to CTs to help create the most appropriate instructional programs for particular children, using all of the resources available to the school.

During 1978-79 the LRTs in Area 1 were involved in a pilot project designed to examine the issues involved in including constant communication and co-operation with the CT as an integral part of the remedial process. It was designed to provide: (1) ongoing CT-LRT contact and decision making, (2) focussed programming for students, (3) a program for students to complement rather than replace classroom activities, and (4) mechanisms for continuous monitoring and followup of intervention provided by the CT and LRT.

METHOD

In order to structure the remedial process to ensure involvement of the CT, a series of intervention steps was developed for each LRT to follow. The steps, as provided in written form to the LRTs, are listed below.

Intervention Steps

(1) The classroom teacher(s) (CTs) must perceive the student(s) in question to have a problem.

Since the CTs must always assume ultimate responsibility for their students' academic progress, participation and co-operation in the remedial program is essential. If any student, *by the CT's standards*, does not have a problem, the CT's participation in the remedial effort is not likely to be sufficient to produce a successful outcome. Therefore, before any intervention program is initiated, the LRT must be satisfied that the CT perceives a need for it.

(2) A clear, detailed understanding of the nature of the student's problem must be developed and shared by the LRT and CT.

The nature of the student's problem must be understood and described in specific, behavioural terms. A formal or informal assessment of the student by the LRT, in addition to a *careful interview* with the CT, may be required to accomplish this end.

The LRT is well advised to commit the resulting detailed description of the student's problem to paper.

(3) The LRT should formulate a specific intervention plan.

This plan, which should also be written down, should include the following essential items:

(a) A clear statement of the objectives of the intervention, framed in terms of the kind or level of student behaviour or performance required to indicate that the objectives of the intervention have been achieved.

(b) Specification of the measures to be used both to assess the progress of the student and also to provide a vehicle for communicating that progress to both the CT and the student.

(c) A clear statement of the LRT's role.

(d) A clear statement of the CT's role.

(e) A clear statement of the role of any other persons involved in the case, e.g., volunteer, aide, student service specialist, etc.

(f) The vehicle(s) to be used in the intervention, e.g., materials, games, tutoring, direct instruction, etc.

(g) A time schedule indicating when various facets of the intervention are to take place.

(4) The agreement of the CT on the intervention plan must be negotiated.

Since successful interventions always require some involvement of the CT, it is important that she accept full responsibility for the role

she is to play in the intervention plan. If the CT's role in the original plan is not acceptable to her, it must be changed until it is acceptable and the overall plan adjusted accordingly.

(5) The plan should be explained in some detail to the student(s) so that he is aware of the reasons for the intervention, the methods and materials to be used and, most importantly, the specific objectives to be achieved.

It is very important to create the highest degree of motivation in the student. Explaining the 'why' and 'hows' of the intervention provides the student with a clear rationale for co-operating in the intervention plan. Providing the student with very specific objectives and regularly informing him of his progress toward those objectives are the two essential ingredients in motivating him.

(6) The LRT should continuously monitor the adequacy with which the intervention plan, once initiated, is implemented.

This monitoring includes planned, detailed, continuous checking to ensure that all of the participants (student, CT, others) are really fulfilling their parts in the plan and that the student is progressing at a satisfactory rate.

If *all* participants are not 'doing their part' or if the student's progress is not satisfactory, the plan should be reviewed carefully by the LRT and CT and appropriate modifications made.

Since failure to implement an intervention plan as intended is a major reason the plan may fail, it is difficult to over-emphasize the necessity for continuous monitoring by the LRT.

(7) When the agreed-upon objectives of the intervention plan have been achieved, the participants should be so informed, the student's regular program resumed, and a schedule of followup checks on the adequacy of the student's performance set up.

Each LRT in Area 1 was asked to identify one child with whom they were working as part of a *withdrawal* group and to follow these steps with the child. A child who was a member of a group was chosen because of the difficulties involved in individualizing instruction and providing appropriate learning experiences for each child in a group instruction setting.

The intervention steps outlined above were standardized and formalized for this project by creating a series of forms for the LRT to complete (Appendix A). The first of these forms provided an opportunity for the LRT to give a statement of the problem and to describe the plan for intervention which had been negotiated between the CT and the LRT. Form number 2, the student form, was designed to inform the student of the plan and, if appropriate, to get his agreement to it. The third form was an open-ended,

monitoring form to allow the LRT to record information about implementation of the program. Form number 4 was a followup form on which the LRT could indicate the student's progress after his return to the classroom program.

Because this was a pilot project, examining the processes involved in sharing responsibility, the project depended very heavily on the LRT's observations and reactions to all of the requirements.

RESULTS

The study findings which follow are organized in terms of the major intervention steps outlined above.

1. LRT/CT Agreement About the Problem and Negotiation of the Intervention Plan.

The LRTs in Area 1 found this component a more difficult task than might have been anticipated. In each case, the CT agreed that a problem existed, since this was implicit in her having referred the student to the LRT. For the most part, the LRT was able to isolate the problem by doing an assessment and discussing the results with the CT. There did not appear to be any disagreement between the CT and the LRT in defining the nature of the student's problem. Students in the project exhibited such difficulties as: number facts to nine not mastered, difficulty in following directions, weak auditory skills, gaps in basic math facts, and a poor attitude towards learning and self

Once the problem(s) had been isolated, the next step was to formulate a plan of intervention. It was at this point that difficulties began to arise. There was usually initial agreement between the CT and the LRT about what the plan should involve. This agreement seemed to be more readily achieved if the CT did not have an assigned task or if the tasks of the CT were very generally stated. The problems arose when the LRT wanted, as a result of observations of the child during the intervention process, to extend or change the program. When the CT was not involved in negotiating the intervention plan beyond an initial, rather passive agreement, difficulties tended to arise later on. For example, in a program involving precision teaching of math facts, the LRT had established a criterion of '20 facts correct in two minutes'. This means that the children in the group had to answer correctly 20 'fact' questions presented by the teacher in 2 minutes before they were considered to have mastered the task. When the children could do this consistently the LRT would terminate the intervention. This expectation was not communicated to the CT and, in fact, her understanding of precision teaching was limited. Consequently, the CT was ready to end the intervention before the LRT's criterion had been reached. Perhaps, if the CT had understood the process, she would not have questioned the continuation of the program. In fact, if the LRT had shared her knowledge with the CT and encouraged precision teaching activities in the class as well as in the withdrawal group, the criterion would have

been set jointly by the LRT and the CT, and the decision about when the intervention should end would have been a joint decision. As a side benefit, an indirect service would have been supplied to the teacher by providing her with a new instructional strategy.

In another, more successful example, the initial plan included several specific and clearly-delineated tasks for both the LRT and the CT. One of the child's problems was difficulty in following directions given orally. Although the LRT did other things with this child, (as part of a withdrawal group) one component of the program involved having the child listen to taped stories and answer questions. The CT's contributions were to introduce auditory memory tasks to the whole class and, when giving directions, to speak clearly and precisely and have the 'target' child repeat the instructions to her before beginning the task. In this case, the LRT/CT contact helped produce more appropriate instruction for the child in question and made the CT more aware of the interactions in her classroom.

These examples suggest that when the LRT and the CT work closely *together* to form a plan, and *each* of them has a role to play (however small), the plan is more likely to succeed. When the association between the LRT and the CT is not well established, and the CT is essentially a passive recipient of LRT assistance, problems tend to arise during implementation and the program may not be perceived as valuable by the CT.

2. Communication with the student.

The LRTs found that the procedure suggested in this project for informing the student about the program was too formal. They agreed with the value of explaining the intervention to the student but tended to do this verbally and informally. The LRTs reported little information about this part of the process except that they did use a number of reinforcement techniques (e.g., charts, contracts) and seemed satisfied that the students were well motivated.

3. Monitoring

Monitoring of the program tended to include regular statements about the LRT's program and any pre-post assessment done by the LRT. In several cases, particularly where the CT had a specific role, the LRT also included notes about the CT's observations. These were usually based on informal questions about the child's progress in class, both in relation to the intervention and in other areas.

LRTs indicated that they did not monitor as often or as thoroughly as they thought desirable. Participation in this project sensitized LRTs to the limited amount of communication they have with CTs. Several LRTs noted that, in project cases, they did more monitoring than usual and, as a result, discovered both problems and strengths with their programs. An example of this was a child for whom one objective was increased motivation

and self-confidence. The student was performing well in his withdrawal group, seemed to be mastering the material and his work in class had improved. Midway through the project, during a routine monitoring of the student's progress, the CT informed the LRT that the student's work in class was becoming less adequate and that he seemed less interested in doing well. As a result of this communication, the LRT put more emphasis on the behaviour contract with the child and gave him ample opportunity for success. This seemed to increase his motivation and achievement in class.

4. Follow-up

It appears that the post-intervention progress of students who have been seen in a group is rarely checked. The student only seems to come to the attention of the LRT again if another problem arises and the CT requests help. Even in this project, LRTs seemed to have difficulty arranging for follow-up because of time constraints and other demands.

DISCUSSION

This project represents an attempt to describe and understand the processes involved in focussing instruction by more intensive LRT/CT communication and more detailed monitoring of students' progress. As they tried to follow the several steps in this intervention procedure, the LRTs in Area 1 encountered a number of difficulties.

The first and most critical problem arose in the area of communication and negotiation with the CT. This activity turned our to be far more complex than expected. There is a very subtle and important difference between real negotiation, with some joint commitment on the part of the CT as well as the LRT to the resulting plan of action, and a rather passive acceptance by the CT of the LRT's diagnosis of the problem and intervention plan...with the CT assuming only token responsibility. By trying to lighten the CT's burden by not requiring thoughtful discussion and shared decision-making about the problem and the plan, the LRT is inadvertently reinforcing the notion that a child with problems is not really the responsibility of the CT. Paradoxically, LRTs who suggest that CTs don't understand the remedial process and only want to transfer responsibility to the LRT tend to be the same ones who deal with the CT as a passive recipient of LRT assistance. The CTs' attitudes, therefore, may be in part a 'natural' response to the approach taken by LRTs.

The other major difficulty encountered by the LRTs in Area 1 was in arranging for consistent and ongoing monitoring and follow-up of the students with whom they had been working. All the LRTs in Area 1 agreed that neither monitoring of program implementation nor follow-up were done regularly or in a disciplined way. This is problematic because, in order to evaluate the success of any intervention process, it is necessary to know exactly what was done, assess the child's progress during the intervention and document the child's future degree of success with the specific

problem or problems being remediated. To the extent that this is not done or the process is extremely informal, the LRT has no way of knowing how adequate or how successful the intervention was. Throughout this project LRTs reported difficulties in monitoring and following the student with whom they were dealing. The conscious attention these issues received as a part of this project made it obvious that monitoring and follow-up are problematic for LRTs in many of their other intervention activities.

One of the recurring themes in the LRTs reaction to this project was the lack of time available to do the things that they agreed should be done. They indicated that there was never enough time to really work through the problem with the teacher, to monitor what was being done with the student (particularly when the classroom teacher had an extensive role) and to follow up on the student's progress once he or she returned to the classroom.

It seems clear that simply making provision for an LRT to be resident in one or two schools is not, in itself, enough to create adequate LRT/CT communication or to shift the emphasis in programming towards truly shared responsibility for children with learning problems. More attention needs to be given to some of the components of an LRT's job to provide them with specific strategies for overcoming the 'time problem'. Some possible areas to consider are: (1) additional training in consulting skills for LRTs, (2) specific training and practice in formative evaluation techniques, and monitoring and follow-up procedures, (3) a careful examination of LRT time use with the view to enhancing the time available for LRT/CT communication, and (4) reviewing case loads and intensity of service in terms of Learning Resource System priorities.

APPENDIX A

DATE ____ ____ ____
Yr. Mo. Day

LRS RESEARCH PROJECT - AREA 1

SMALL GROUP + CLASSROOM COMMUNICATION
FORM #1

Child's Name _____ School _____ LRT _____

Assessment Results (formal or informal) - _____

Problem: _____

Signature LRT _____
CT _____

Intervention:

A. Goals - _____

B. Treatment Plan - _____

C. Measurement (formal or informal) _____

D. Time Frame - _____

E. Materials - _____

F. LRT's role - _____

G. CT's role - _____

F. any other workers - _____

Signature LRT _____
CT _____

STUDENT FORM

FORM #2

Student's Name _____ School _____ LRT _____

Reason for being seen by LRT: _____

_____

_____

What we're going to do:

A. Learning Resource Teacher

_____

_____

_____

B. Classroom Teacher

_____

_____

_____

C. Other Workers

_____

_____

_____

D. Student

_____

_____

_____

Signature Student _____

LRT _____

CT _____

FORM #3

Monitoring	
Date	Activity

FORM #4

Follow-up	
Date	Activity